

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted
With Initial
Filing **OR** ☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number P06436US00
First Named Inventor HEIMANN, Raymond A.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HIDDEN HINGE WITH 270 DEGREE ROTATION

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 31,021 OR <input type="checkbox"/> Correspondence address below			
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Address			
City		State	ZIP
Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <div style="text-align: center;">Raymond A.</div>		Family Name or Surname <div style="text-align: center;">Heimann</div>	
Inventor's Signature <i>Raymond A. Heimann</i>		Date <div style="text-align: center;">3-12-04</div>	
Residence: City <div style="text-align: center;">Newton</div>	State <div style="text-align: center;">IA</div>	Country <div style="text-align: center;">US</div>	Citizenship <div style="text-align: center;">US</div>
Mailing Address <div style="text-align: center;">625 S. 3rd Avenue West</div>			
City <div style="text-align: center;">Newton</div>	State <div style="text-align: center;">IA</div>	ZIP <div style="text-align: center;">50208</div>	Country <div style="text-align: center;">US</div>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <div style="text-align: center;">Troy A.</div>		Family Name or Surname <div style="text-align: center;">Johnson</div>	
Inventor's Signature <i>Troy Johnson</i>		Date <div style="text-align: center;">3-12-04</div>	
Residence: City <div style="text-align: center;">Newton</div>	State <div style="text-align: center;">IA</div>	Country <div style="text-align: center;">US</div>	Citizenship <div style="text-align: center;">US</div>
Mailing Address <div style="text-align: center;">1031 Meadowbrook Avenue</div>			
City <div style="text-align: center;">Newton</div>	State <div style="text-align: center;">IA</div>	ZIP <div style="text-align: center;">50208</div>	Country <div style="text-align: center;">US</div>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet <div style="text-align: right;">Page <u>1</u> of <u>1</u></div>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Joseph M.		Keeler	
Inventor's Signature		Date <u>3-12-04</u>	
Residence: City Colfax	State IA	Country US	Citizenship US
Mailing Address 102 East Broadway Street			
Mailing Address			
City Colfax	State IA	Zip 50054	Country US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	HEIMANN, Raymond A., et
Group Art Unit	
Examiner Name	
Attorney Docket Number	P06436US00

I hereby appoint:

☒ Practitioners at Customer Number

27139

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☐ Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Raymond A. Heimann
Signature	<i>Raymond A. Heimann</i>
Date	3 - 12 - 04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".

☒ Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Examiner Name	
Attorney Docket Number	P06436US00

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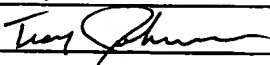
<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Troy A. Johnson
Signature	
Date	3-12-04

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First Named Inventor	HEIMANN, Raymond A., et
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Examiner Name	
Attorney Docket Number	P06436US00

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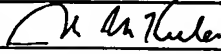
Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Joseph M. Keeler
Signature	
Date	3-12-04

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